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Bib Data Sheet

CONFIRMATION NO. 9323

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|-----------------------------|------------------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/743,373 | FILING OR 371(c)<br>DATE<br>12/22/2003<br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3761 | ATTORNEY DOCKET NO.<br>P-11209.04 |
|-----------------------------|------------------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/440,005 01/14/2003 and claims benefit of 60/515,619 10/30/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none* *GL JZ 2006*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/01/2004

|                                 |                                                                                                                  |                        |                      |                             |                                 |
|---------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|-----------------------------|---------------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                              | STATE OR COUNTRY<br>MN | SHEETS DRAWING<br>24 | TOTAL CLAIMS<br><i>4842</i> | INDEPENDENT CLAIMS<br><i>73</i> |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                             |                                 |
| Verified and Acknowledged       | <i>[Signature]</i>                                                                                               | Initials               |                      |                             |                                 |

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## TITLE

Disposable, integrated, extracorporeal blood circuit

|                             |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED<br>1514 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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